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APPLICANTS

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\*\* CONTINUING DATA \*\*\*\*\* ✓ A.M. none

\*\* FOREIGN APPLICATIONS \*\*\*\*\* ✓ A.M. none

IF REQUIRED, FOREIGN FILING LICENSE GRANTED  
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Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged Examiner's Signature _____ Initials <u>A.M.</u>	STATE OR COUNTRY CA	SHEETS DRAWING 4	TOTAL CLAIMS 31	INDEPENDENT CLAIMS 4
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TITLE  
 Deep n-well capacitor

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